

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Pima

District of \_\_\_\_\_

Town of Hayden

or

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142

County Registrar No. \_\_\_\_\_

Local Registrar No. 49

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joann Munios

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes7. Date of birth June 8 1925  
Month Day Year

8.

FATHER

Full name

Joann Munios

14.

MOTHER

Full maiden name

Francisca Encinas

9. Residence

(Usual place of abode)

Hayden

15. Residence

(Usual place of abode)

Hayden

If non-resident, give place and state.

If non-resident, give place and state.

Arizona

10. Color or race

Mexican11. Age at last birthday 37 (Years)

16. Color or race

Mexican17. Age at last birthday 21 (Years)

12. Birthplace (city or place)

Salisco (State)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Phoenix  
Arizona

13. Occupation

Nature of industry

Laborer  
Mill

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 4

(b) Born alive but now dead \_\_\_\_\_

(c) Stillborn \_\_\_\_\_

21. Were precautions taken against oph-  
thalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:30 A.M. on the date above stated  
(Born alive or stillborn)\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

Charles H. Hunt

(Physician or midwife)

Address

Hayden Arizona

Given name added from

a supplemental report.

Month, day, year

Filed June 12, 1925

Filed \_\_\_\_\_, 19\_\_\_\_

Local Registrar.

Registrar

County Registrar

142-606-652

MARGIN RESERVE FOR BINDING

WRITE FULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.